

Akeem Henderson, et al. vs Willis-Knighton Medical Center
Richard M. Sobel, M.D.

November 26, 2019

1 UNITED STATES DISTRICT COURT
2 FOR THE WESTERN DISTRICT OF LOUISIANA
3 SHREVEPORT DIVISION

4 AKEEM HENDERSON, et al.,

5 Plaintiffs,

CASE NUMBER

6 vs.

5:19-CV-00163

7 WILLIS-KNIGHTON MEDICAL CENTER
8 d/b/a Willis-Knighton South
Hospital,

9 Defendant.
10 _____
11

12 DEPOSITION OF
13 RICHARD M. SOBEL, M.D.
14

15 November 26, 2019

16 10:02 a.m.
17

18
19
20 105 Tivoli Gardens Road
21 Peachtree City, Georgia 30269
22 Thomas R. Brezina, CRR, RMR, CCR-B-2035
23
24
25

1 Q Nothing that changed your opinion?

2 A No.

3 Q Did you see that this is actually a
4 protocol for inpatients, not the emergency room?

5 A Yes. I don't know if you could say
6 that it's a protocol restricted to inpatients, but I
7 think it's designed more for inpatients. Yes, I
8 think that's accurate.

9 Q So it's not a protocol for the ER?

10 A No. But the same principles would
11 apply.

12 Q Does a respiratory therapist typically
13 see patients in the ER?

14 A The answer to that is yes, if they have
15 one; and yes, a great majority of times if they do
16 have a respiratory therapist.

17 Q I'm going to go to the thing that you
18 actually reviewed. Number 1 on your list is the
19 Willis-Knighton Medical Center -- well, before I go
20 there, is there anything else that you reviewed that
21 is not on your list?

22 A I don't think so -- well, the
23 radiographic studies, the chest X-ray. I did
24 receive the CD of the chest X-ray.

25 Q Do you recall which chest X-rays they

1 The whole reason for that is
2 bronchospasm and decreased air exchange, so this is
3 the -- the signature of respiratory distress and the
4 potential for respiratory failure, which is what she
5 experienced when she died.

6 Q And that would be comparable to a
7 person or an adult leaning forward? In other words,
8 with your hands on your knees if you are out of
9 breath? The same?

10 A Could be. It could be. If you are in
11 a chair, you could be tripodding in that manner,
12 yes.

13 Q You're referencing the 2:05 note from
14 the nurse that indicated the patient currently
15 sitting in tripod position, and I'm showing that is
16 on page 769. Wait. I'm sorry. Seven --

17 A Sixty-six, I think. 766 is what I see.

18 Q That's on the nurse's notes; correct?

19 A Yes.

20 Q And it indicates there that the patient
21 has strep throat and -- right?

22 A Well, actually the records that you
23 have submitted to me are a little bit different than
24 the records that I have received. I must say I
25 think I've received maybe three -- at least three

1 hopefully gets some bronchodililation.

2 Q So when she would have an asthma attack
3 at home, this device would be used to fix that or
4 treat it?

5 A Well, yes. She requires home nebs, so
6 her asthma is of significant severity.

7 Q What does that mean after that where it
8 says, "One TX PTA"?

9 A One treatment prior to arrival, which
10 is a little bit different than what the nurse has
11 documented. The nurse is saying that treatments
12 were ineffective, so that is very important
13 information to the emergency physician, that they're
14 on home neb treatments and they came in, in
15 respiratory distress. As I said before, the die is
16 cast for admission to the hospital.

17 Q Because the home med did not work
18 appropriately?

19 A Well, that is part of it. And when you
20 presented in respiratory distress, it's extremely
21 nonreassuring, but I don't see that this patient was
22 treated as if she had a potentially life-threatening
23 condition, which she clearly did.

24 Q Now she was treated with --

25 MR. SEDRIC BANKS: Counsel, let me

1 object. I don't want to interrupt your
2 deposition, but I want to place my objection
3 on the record, and I'm asking counsel to
4 explain to me and identify, who changed these
5 records?

6 MR. ROBISON: I don't think they're
7 changed. There was apparently a later --
8 some kind of correction, and we'll have to
9 look at that and see. There are some
10 initials, so we'll have to figure that out.

11 MR. SEDRIC BANKS: It's very
12 significant in places that the doctor has
13 indicated, and I think we probably need to
14 visit in detail about that sometime here in
15 the near future with the judge because this
16 is -- obviously, we're working on two
17 different drafts of medical records, which
18 should be identically the same. Who -- the
19 corrections on document 768, on the --
20 particularly the corrections part --

21 MR. ROBISON: That is at the very end,
22 I think.

23 MR. SEDRIC BANKS: Explain that to me.
24 Is it the time that is being changed, or is
25 it the actual entry that is being changed?

1 MR. ROBISON: There was something under
2 corrections, and it just shows at 0220 -- it
3 shows -- I don't know what that's for. We
4 would have to compare it, and the reason that
5 correction is there, my understanding is that
6 the system does that so that if there is a
7 change made, people can see that there was a
8 change made. So we'll have to go back and
9 see what that was.

10 MR. SEDRIC BANKS: Well, right. And
11 that is the question: Who changed it, and
12 why and when?

13 MR. ROBISON: It has some initials. It
14 says SR11, but SR11 is scratched out, and
15 then it is back there again, so I don't know.
16 Maybe the 2:20 was wrong. Let me look at it.

17 MR. SEDRIC BANKS: And that was my
18 question, Bobby. Are we talking about just
19 changing the time, or are we talking about
20 changing the entry itself?

21 MR. ROBISON: It looks -- the entry is
22 still there, but it has a strikethrough. You
23 have that with you.

24 MR. SEDRIC BANKS: Correct.

25 MR. ROBISON: And I do not -- initially

1 totally unfair, Bobby, and I'm not throwing
2 stones at anybody at this point -- I think
3 it's totally unfair to give the doctor and
4 give us one set of documents and then here we
5 are dealing with today a different set of
6 documents. But we'll -- I just want to put
7 my objection on the record. Go ahead.

8 MR. ROBISON: Yes. The thing too, I
9 think we already have attached this set that
10 shows the corrections, so we need -- that
11 would be in the record so we can deal with
12 that later because it is attached.

13 BY MR. ROBISON:

14 Q Doctor, we're back on physician
15 documentation, which is on the first page. Do you
16 see under ROS -- that would be review of systems --
17 at 0233?

18 A Yes.

19 Q Is that where the doctor actually
20 examines the patient, makes his notes?

21 A No.

22 Q What is that?

23 A That is part of the history, so in
24 addition to the history of the present illness, it's
25 a survey of another dozen medical systems, body